

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

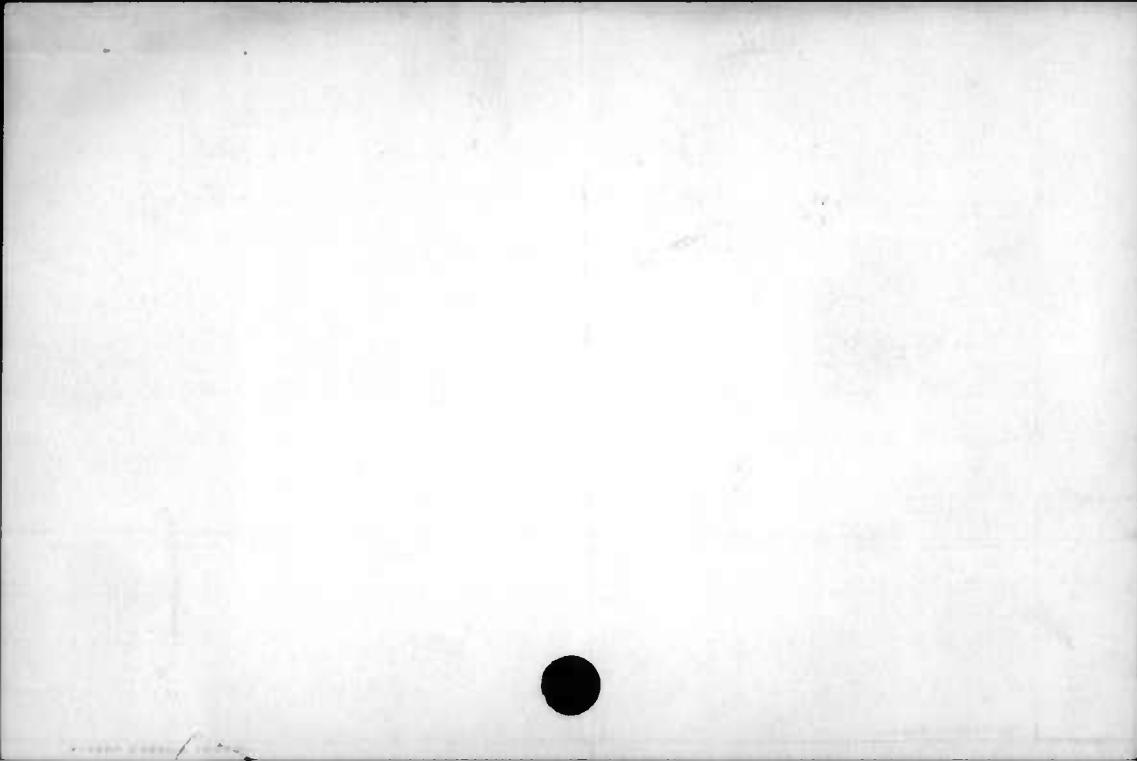
Died at <i>Conowingo</i> Town		<i>Cecil</i> County		MARYLAND	
Date of death	<i>1907</i> Month	<i>Sept</i> Day	<i>30</i> Age	<i>27</i> Year	Months Days
Sex	<i>male</i>	Color or Race	<i>white</i>	Birth-place	<i>Italy</i>
Occupation	<i>labour</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>married</i>	Name of Wife or Husband <i>Maria Casada</i>			
Father's Name	<i>Samuel Casada</i>			Father's Birthplace	<i>Italy</i>
Mother's Maiden Name	<i>Lena Kugapane</i>			Mother's Birthplace	<i>Italy</i>
Name of person giving information	<i>Alfonzo Casada</i>			How related to deceased	<i>Brother</i>

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	<i>Killed by striking a chair of powder</i>	How long
Immediate	<i>used in blasting rock</i>	How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>Ricketts Nelson</i>
Accident or Suicide?	<i>Accident</i>	Address <i>Coroner of Cecil Co. Elkton, Maryland</i>



Name
in
Full

Mary A Freshly

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		Sept	17	Age 69			
Sex		Color or Race		Birth-place			
Female		White		Ireland			
Occupation				Where Residing if not at place of death			
Housewife							
Married, Single or Widowed		Name of Wife or Husband					
Widow		Hager Freshly					
Father's Name		Father's Birthplace					
Daniel Murphy		Ireland					
Mother's Maiden Name		Mother's Birthplace					
Ellen Quibbey		Ireland					
Name of person giving information		How related to deceased					
Ella Freshly		Daughter					

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary Intestinal Obstruction

Immediate Extremities

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Wm D Clewley

Elkton

md

Accident or Suicide?

Ommerger

Name
in
Full

Miami Estella Lillie Fowler

CERTIFICATE OF DEATH

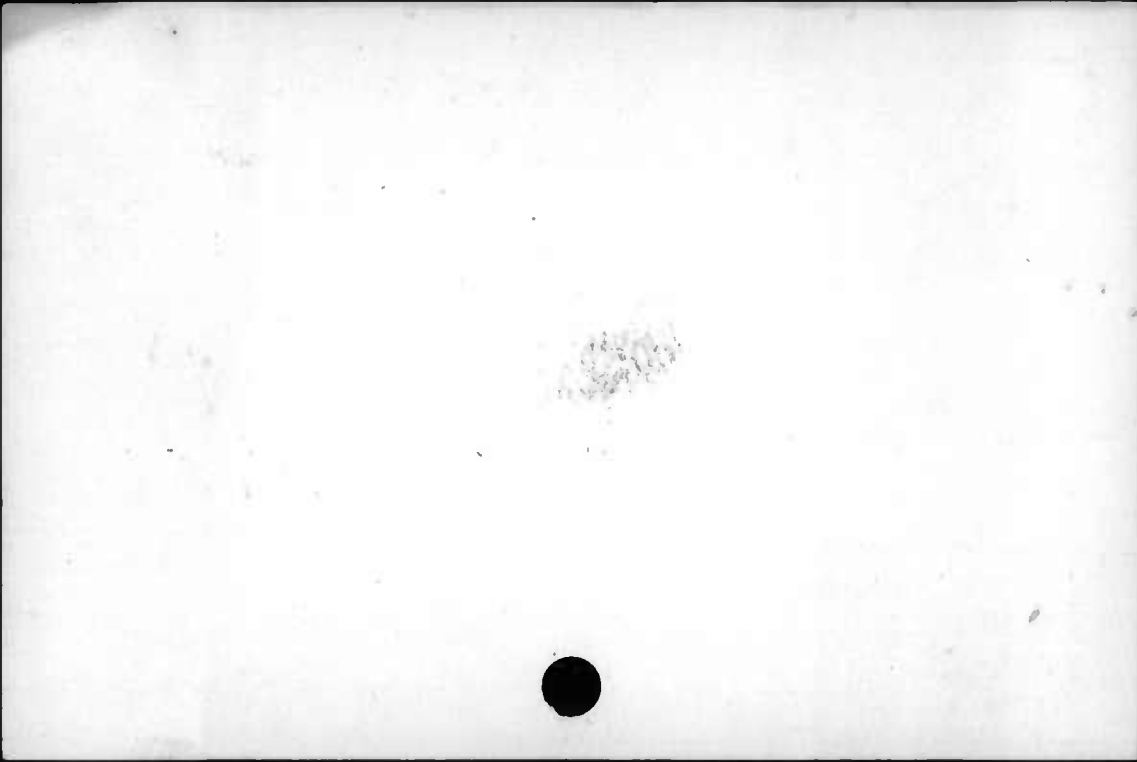
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Northeast</i>		Town <i>Cecil</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>Sept 23</i>	Day <i>Monday</i>	Age	Years	Months <i>3</i>	Days
Sex <i>female</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>			
Occupation <i>sewing</i>		Where Residing if not at place of death <i>Baltimore</i>					
Married, Single, or Widowed <i>Married</i>		Name of Wife or Husband <i>Ethel G. Fowler</i>					
Father's Name <i>Edgar H. Fowler</i>		Father's Birthplace <i>Baltimore</i>					
Mother's Maiden Name <i>Ethel A. Miller</i>		Mother's Birthplace <i>York Pa.</i>					
Name of person giving information <i>Mrs L. Hamrick</i>		How related to deceased <i>Aunt</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	(151)	How long <i>2 months</i>
Immediate <i>Pneumonia</i>		How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>L. J. Hamrick</i>
		Address <i>North East Md.</i>
Accident or Suicide? <i>J</i>		



Name
in
Full

Charles Ivan George

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Elkton</i>		Town		<i>Bent</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>Sept</i>		Day <i>6</i>		Age <i>21</i>		Years	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Elkton, Md</i>		Months		Days	
Occupation <i>Store Clerk</i>				Where Residing if not at place of death <i>Elkton, Md</i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>✓</i>							
Father's Name <i>Charles L. George</i>				Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Sarah H. Henry George</i>				Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Walter C. Henry</i>				How related to deceased <i>Uncle</i>					

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>Accidental Drowning</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Picketts Johnson</i>	
Accident or Suicide? <i>Accident</i>		Address <i>Coroner of Cecil Co Elkton, Md</i>	

Vmenger

Name
in
Full

William Groves

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Craig & Almschauer</i>		County <i>Craig</i>		MARYLAND	
Date of death	1907	Month	Sept	Day	10
Age	28	Years		Months	
Sex	male	Color or Race	white	Birth-place	East Kent
Occupation	none	Where Residing if not at place of death <i>Craig & Almschauer</i>			
Married, Single or Widowed	Single	Name of Wife or Husband <i>none</i>			
Father's Name	<i>Johnathan Groves</i>			Father's Birthplace	<i>do not know</i>
Mother's Maiden Name	<i>Mossdale</i>			Mother's Birthplace	<i>do not know</i>
Name of person giving information	<i>Family Physician Dr. Hawley</i>			How related to deceased	<i>not</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Certification</i>	How long	<i>One year</i>
Immediate	<i>Heart</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>13 Hawley</i>	
		Address <i>W. Kent</i>	
Accident or Suicide?			

Harts

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

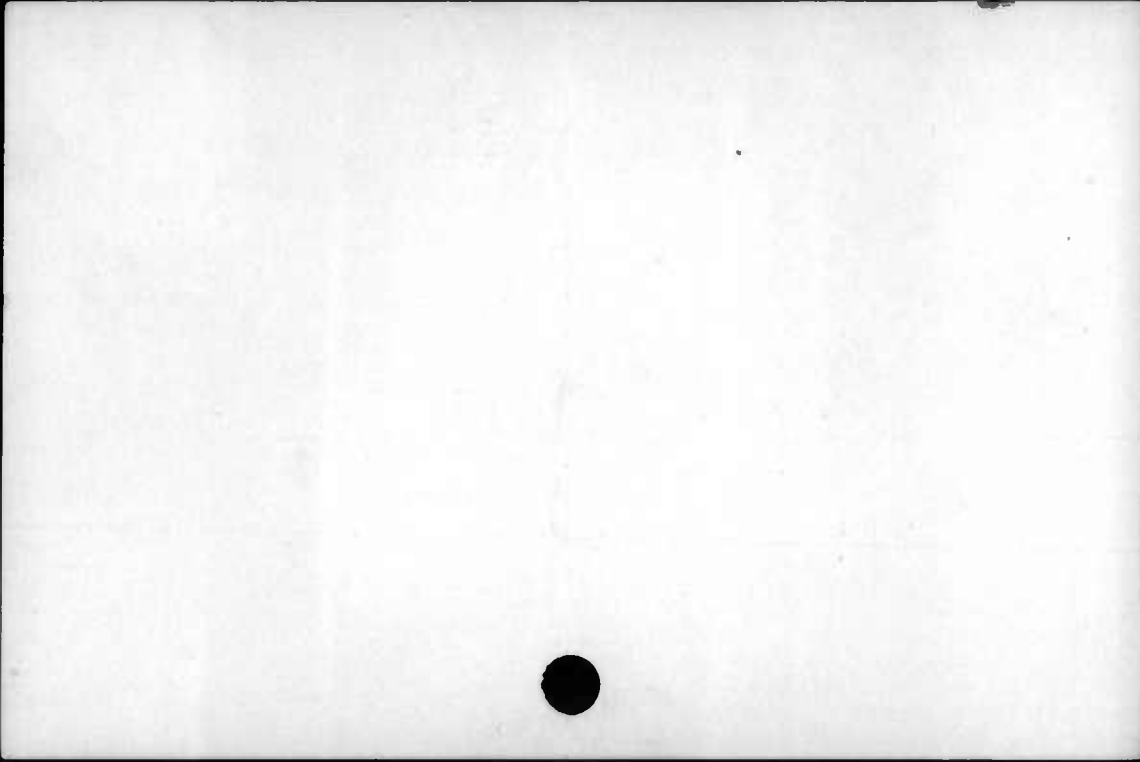
Name in Full George Washington Harris		Town Rowlandville		County Leese		MARYLAND	
Died at		Month Sept		Day 16		Years 113	
Date of death 1907		Months 1		Days 14			
Sex male		Color or Race Colored		Birth-place Harford Co			
Occupation Laborer		Where Residing if not at place of death					
Married, Single or Widowed Widower		Name of Wife or Husband Unknown					
Father's Name Hazard Harris		Father's Birthplace Harford Co					
Mother's Maiden Name Annelia Rigg		Mother's Birthplace " "					
Name of person giving information Hazard Harris		How related to deceased Son					

CAUSES OF DEATH

(66)

PHYSICIAN
OR CORONER

Primary	Chronic Paralysis	How long	6 months
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Ernest Rowland	
Address		Liberty Grove Md	
Accident or Suicide?			



Name
in
Full

Walton L Fenness

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

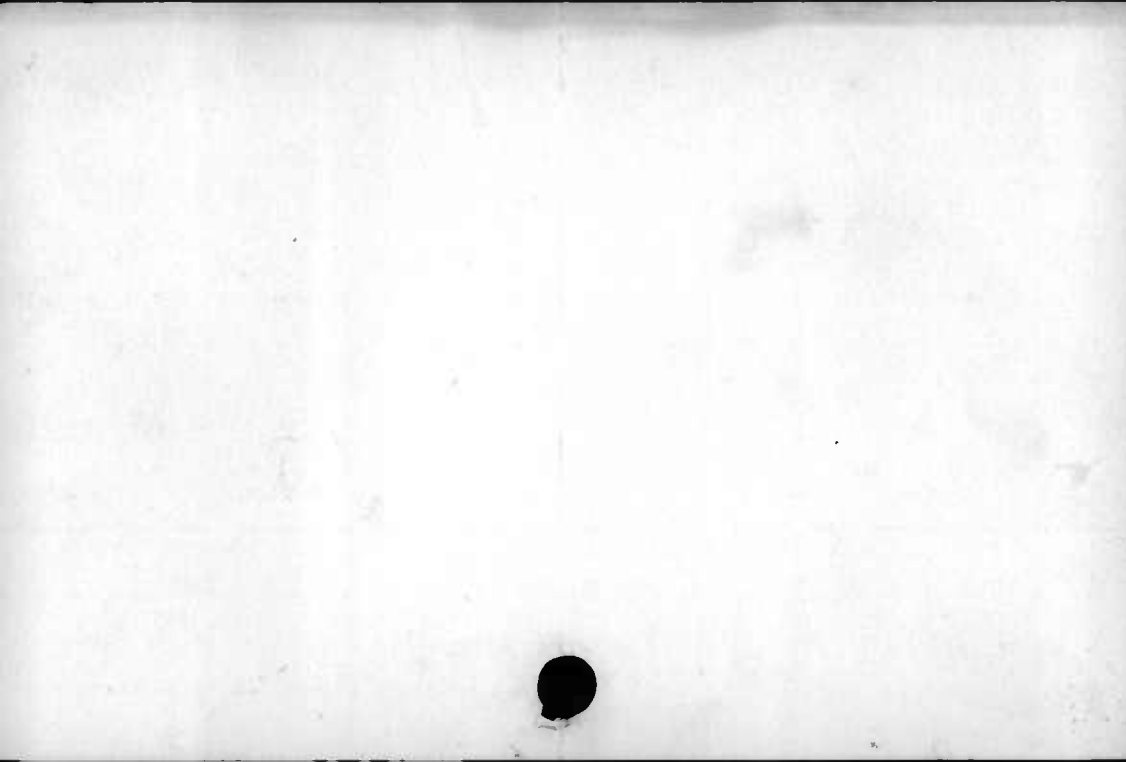
Died at <i>North East</i> Town		<i>Cecil</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Sept</i>	Day <i>17</i>	Age <i>32</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Cecil Co</i>		
Occupation <i>Not any</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>David Fenness</i>	Father's Birthplace <i>Cecil Co</i>				
Mother's Maiden Name <i>Mary A Linton</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>David Fenness</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>3 years</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Theo A Worrall</i>
	Address <i>North East Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Gurget Turner

Died at *Rock* Town *Hemph* County *Cecil*

MARYLAND

Date of death *1907* Month *9* Day *1* Age *57* Years Months Days

Sex *male* Color or Race *white* Birth-place *America*

Occupation *Stenographer* Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband *Mary Knapp*

Father's Name *Wm Kiser* Father's Birthplace _____

Mother's Maiden Name *Don't Know* Mother's Birthplace _____

Name of person giving information *Mary Knapp* How related to deceased *CO*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Valvular disease of heart* How long *Some years*

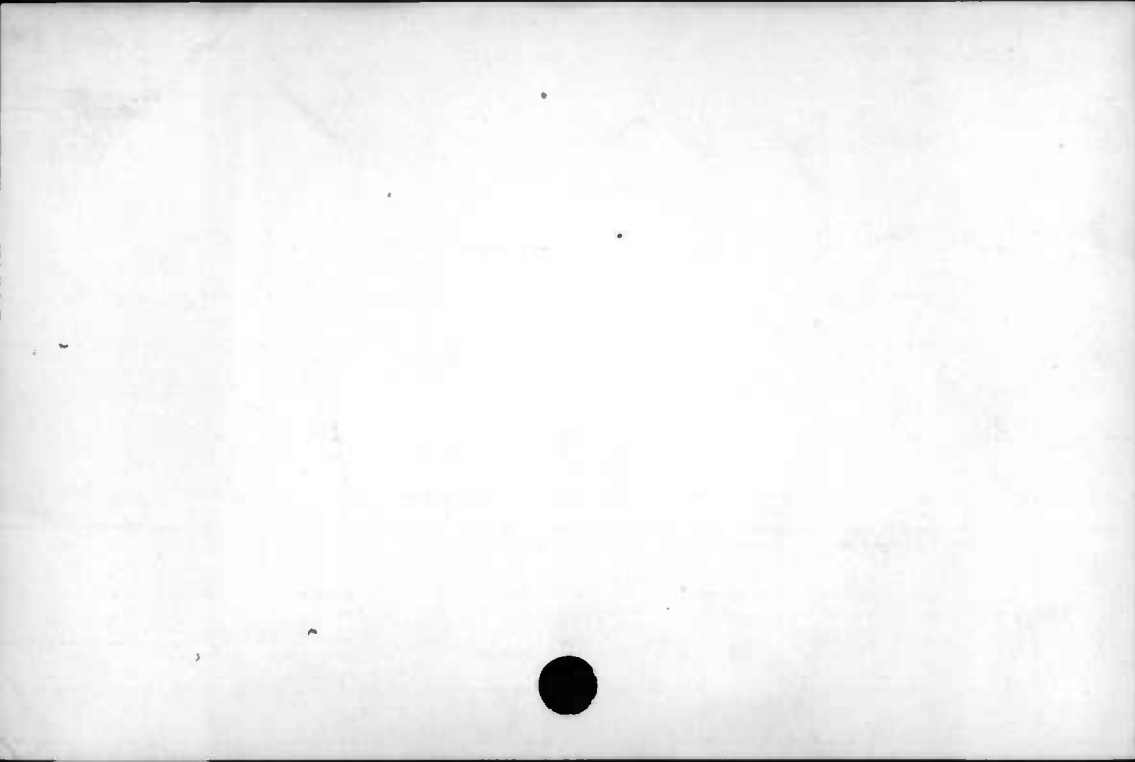
Immediate *Heart Failure* How long *Immediate*

Are the name, age, sex, color, date and place correctly given above? _____

Signature of Physician *John H. Jones*

Address *Rocking Lee Md.*

Accident or Suicide? _____



Name
in
Full

Leon G. Genridge

CERTIFICATE OF DEATH

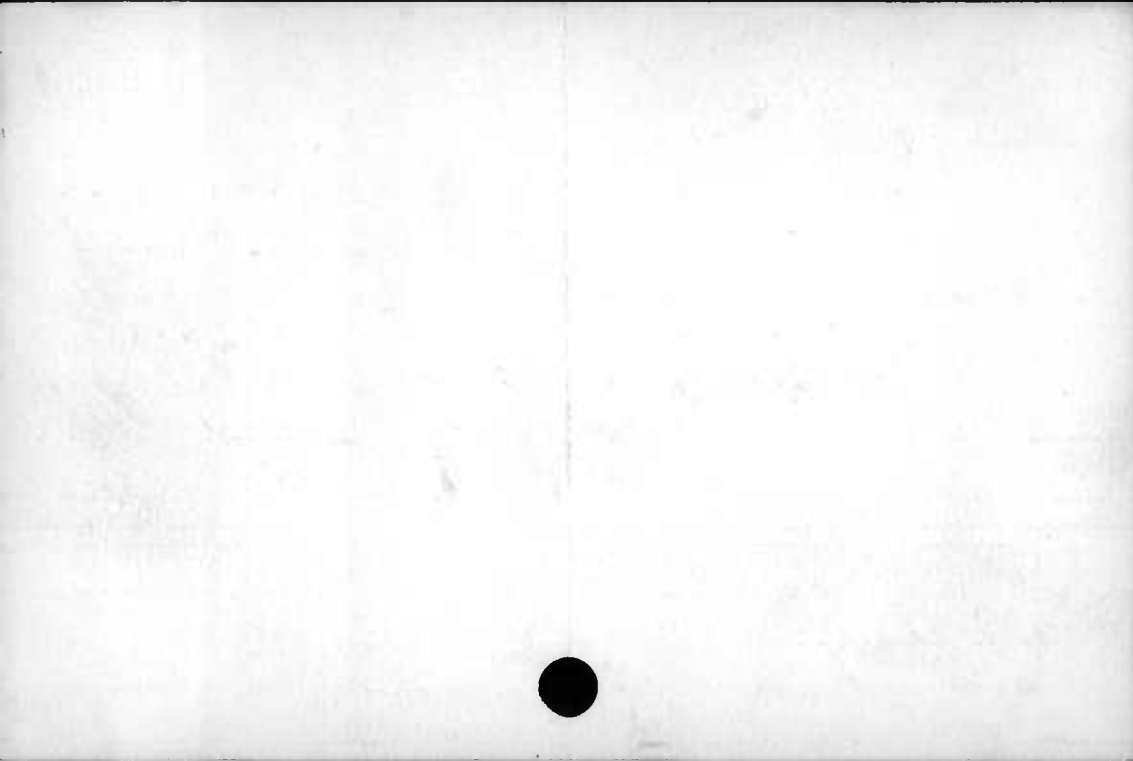
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Elk Neck</i> Town		<i>Cecil</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>Sept</i>	Day <i>30</i>	Age <i>—</i> Years	<i>2</i> Months
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Elk Neck</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Clarence G. Genridge</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Margre Holmes</i>			Mother's Birthplace <i>Elk Neck</i>		
Name of person giving information <i>Clarence Genridge</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Measles</i>	<i>157</i>	How long
Immediate	<i>Exhaustion</i>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Mrs. Sawley</i>	
		Address	<i>Elk Neck</i>
Accident or Suicide?			<i>med.</i>



Name
in
FullDelig Rebecca M^cvey

CERTIFICATE OF DEATH

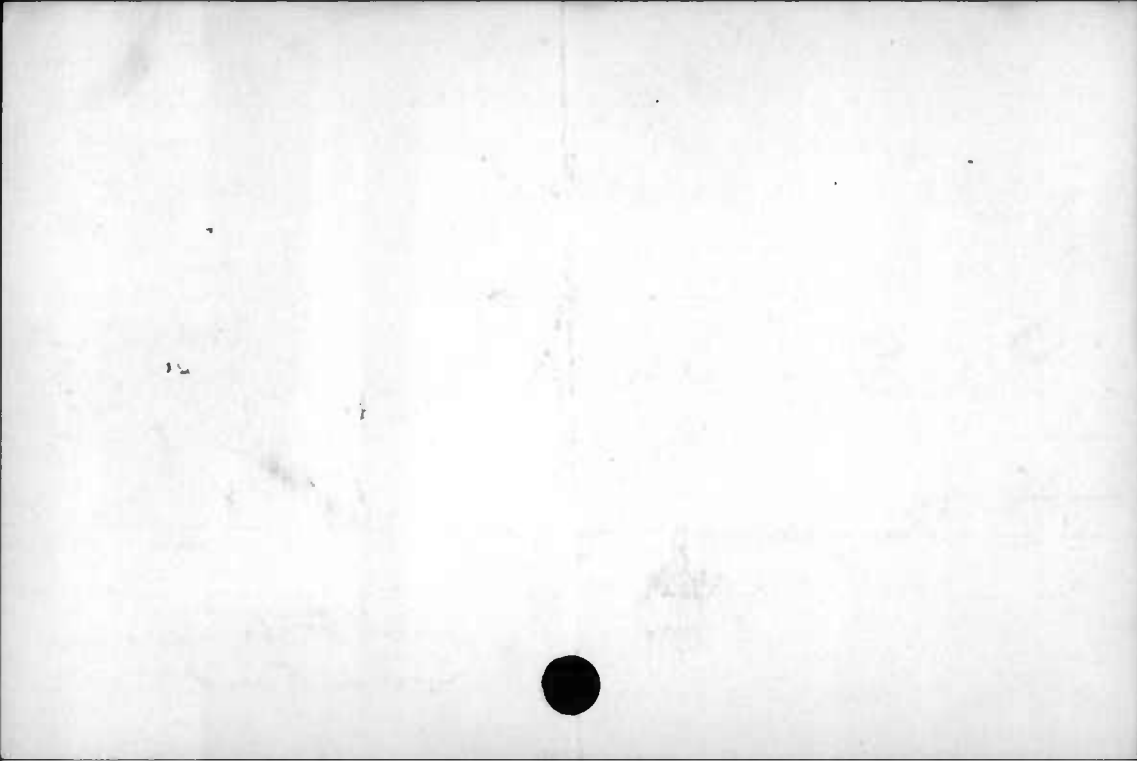
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Liberty Grove</i>		County <i>Cecil Co</i>		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		Sept.	9 th	Age 2	9		
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Colona Md.</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband			
Father's Name <i>Walter O. M^cvey</i>				Father's Birthplace <i>Cecil Co Md</i>			
Mother's Maiden Name <i>L. Delig Gumbrell</i>				Mother's Birthplace <i>Cecil Co. Md</i>			
Name of person giving information <i>Dr. Chamberlain</i>				How related to deceased <i>Cousin</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Diphtheria</i>	How long	<i>Two weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>John H. Jones</i>	
Address			
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

John Thomas Mackintire

Town

County

Died at Cherry Hill Cecil

MARYLAND

Date of death 1907 Sept 18 Age 85-2 Months No Days

Sex Male Color or Race White Birth-place Cecil Co. Md.

Occupation Cooper Where Residing if not at place of death Cherry Hill

Married, Single or Widowed Widower Name of Wife Husband Jane Smith

Father's Name Don't know Father's Birthplace Don't know

Mother's Maiden Name Betsey McCardle Mother's Birthplace Don't know

Name of person giving information Sarah J. Bullock How related to deceased Step Granddaughter

CAUSES OF DEATH

79

Primary Insufficiency of Heart with How long about 3 years

Immediate broken Compensation

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician Chas F Miller

Address North East

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Sileana J. Merrey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Elkton</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>Sept.</i>	Day <i>6</i>	Age <i>32</i> ^{Years}	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Cecil Co., Md.</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Elkton, Md.</i>				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Walter C. Merrey</i>				
Father's Name <i>John Simpson</i>	Father's Birthplace <i>Cecil Co., Md.</i>				
Mother's Maiden Name <i>Margaret Muller Simpson</i>	Mother's Birthplace <i>Cecil Co., Md.</i>				
Name of person giving information <i>Walter C. Merrey</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Accidental Drowning</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Rickette Nelson</i>
	Address <i>Coroner of Cecil Co. Elkton, Md.</i>
Accident or Suicide? <i>Accident</i>	

unmüde

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Elmer Douglass Murphy

Died at ^{Town} Charlestown ^{County} Cecil

MARYLAND

Date of death 1907 Sept 6th Age 0 Months 10 Days 23

Sex Male Color or Race White Birth-place Charleston, Md

Occupation None Where Residing if not at place of death -

~~Married~~, Single
~~or Widowed~~

Name of Wife or Husband

Unmarried

Father's Name Elmer Ellsworth Murphy Father's Birthplace North East, Md

Mother's Maiden Name Rebecca Mary Wilson Mother's Birthplace Principesport, Md

Name of person giving information Ella May Murphy How related to deceased Sister

CAUSES OF DEATH

1145

PHYSICIAN
OR CORONER

Primary Eczema, Abscess - Pyemia How long 5 weeks

Immediate Simple Acute Meningitis How long 2 days

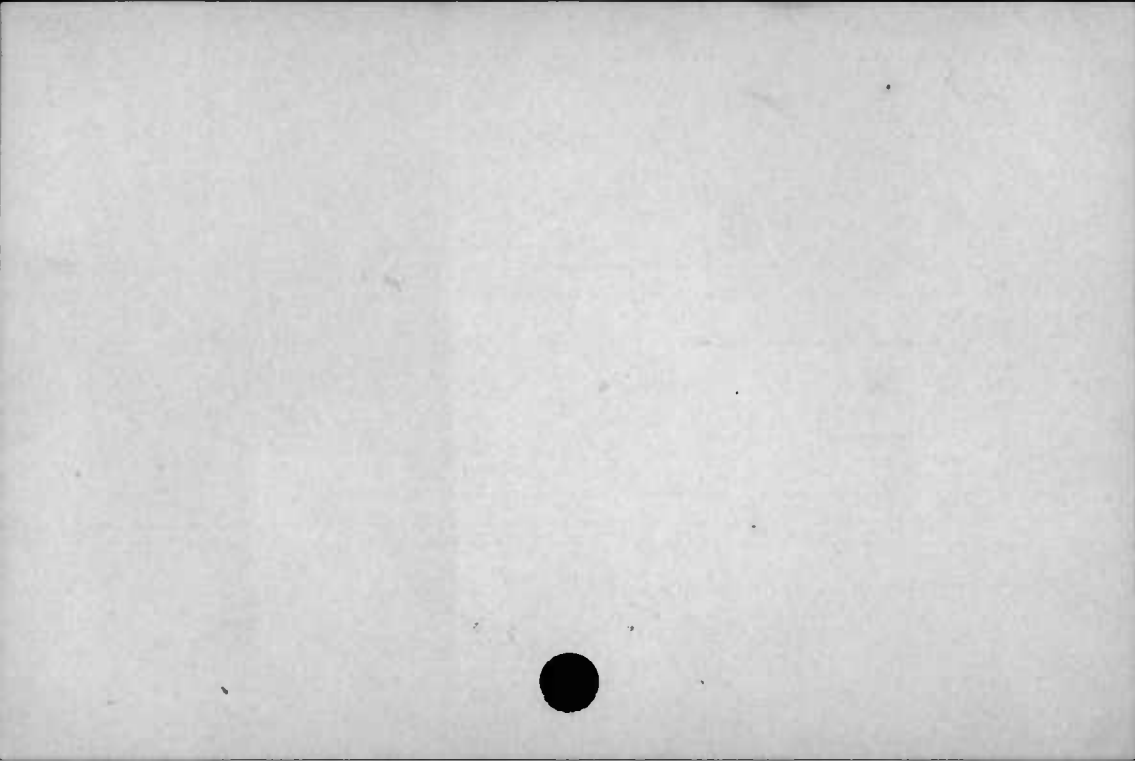
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

W. A. Cantrell, M.D.
Charleston, Maryland

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

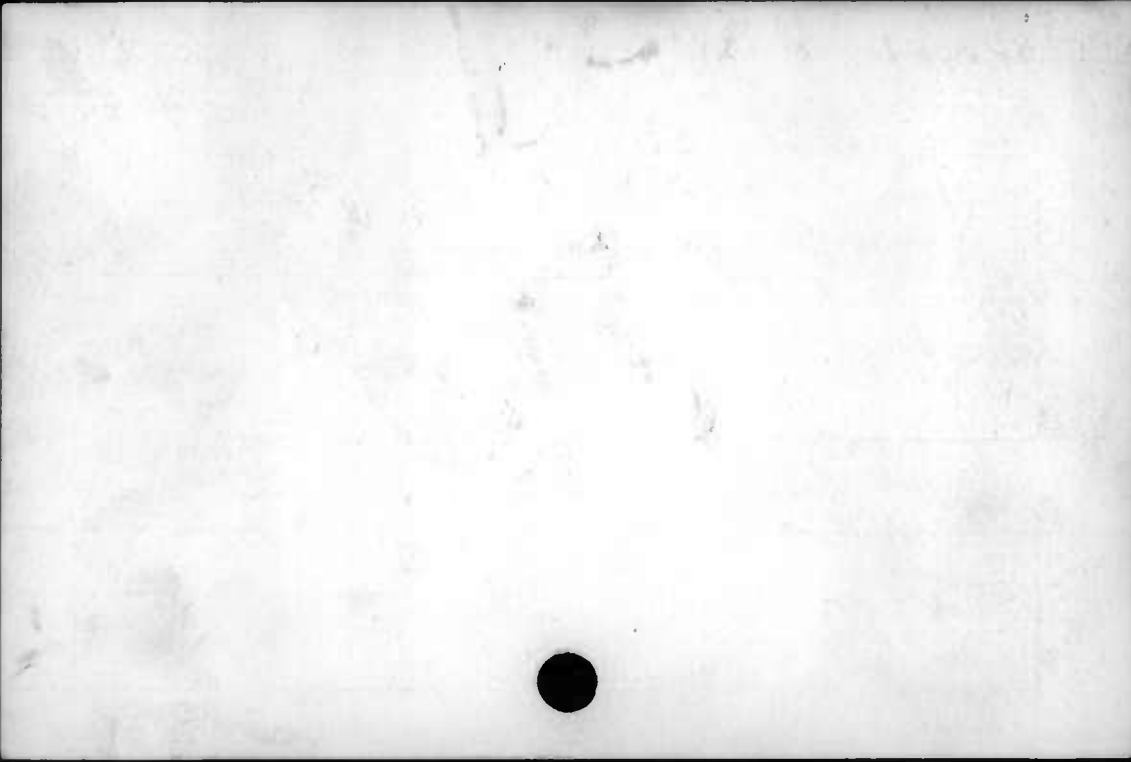
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Gertrude Pargaria</i>		Town <i>Port Deposit</i>		County <i>Cecil</i>		MARYLAND	
Died at <i>Port Deposit</i>		Month <i>Sept</i>		Day <i>20th</i>		Age <i>14</i>	
Date of death <i>1907</i>		Month <i>Sept</i>		Day <i>20th</i>		Age <i>14</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Port Deposit</i>			
Occupation <i>None (Infant)</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Frank Pargaria</i>		Father's Birthplace <i>Italy</i>					
Mother's Maiden Name <i>Annie Johnson</i>		Mother's Birthplace <i>Port Deposit</i>					
Name of person giving information <i>Annie Johnson</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Scarlet fever</i>		How long <i>2 weeks</i>	
Immediate <i>Aschambles</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. E. Ellerman</i>	
Address <i>Port Deposit</i>			
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *William J. Patchell*

Town *Elk Mills* County *Cecil* *5th* *out* **MARYLAND**

Died at *Elk Mills*

Date of death *Sept 12* 190*7* Month *Sept* Day *12* Age *43* Years Months *-* Days *-*

Sex *male* Color or Race *white* Birth-place *Pennsylvania*

Occupation *Weaver* Where Residing if not at place of death *-*

Married, Single or Widowed *Married* Name of Wife *Annie Patchell*

Father's Name *Thos. Patchell* Father's Birthplace *Ireland*

Mother's Maiden Name *Ann. Wilkinson* Mother's Birthplace *Ireland*

Name of person giving information *Amos Patchell* How related to deceased *Brother*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Phthisis Pulmonalis* How long *8 months*

Immediate *"* How long *3 months*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. H. Patchell*

Address *Trunk Rd*

Accident or Suicide? *No.*

188-



Name
in
Full

M. Louisa Richardson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

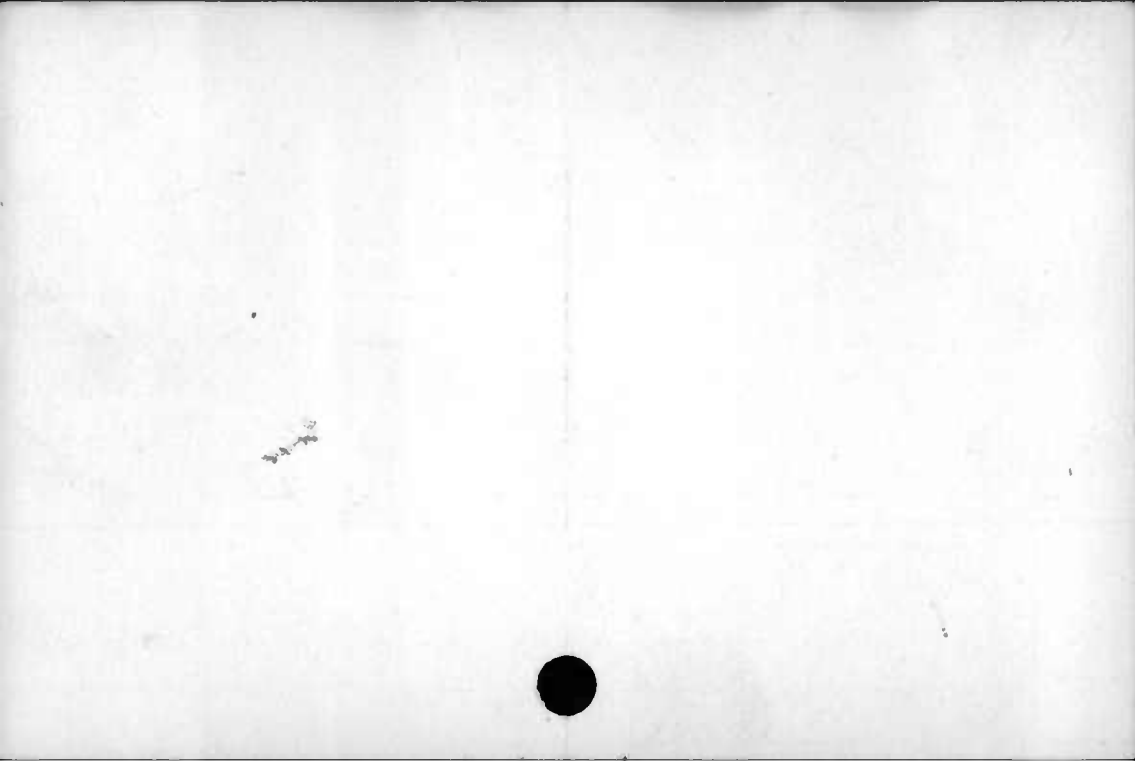
Died at		Town New Valley		County Cecil		MARYLAND	
Date of death	1907	Month Sept	Day 11	Age Years	78	Months	9
Sex	Female		Color or Race	White		Birth- place	New Valley, Md.
Occupation	Housekeeper			Where Residing if not at place of death New Valley			
Married, Single or Widowed	Widow		Name of Wife or Husband	Wakeman, H. Richardson			
Father's Name	John S. Gerry					Father's Birthplace	Rowlandville Md
Mother's Maiden Name	Margaret Gerry					Mother's Birthplace	Rowlandville Md
Name of person giving In formation	Lloyd E. Richardson					How related to deceased	Son

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	Chronic Paralysis	How long	10 day's
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Ernest Rowland
		Address	Liberty Groves Md
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Elkton</u> ^{Town}		<u>ecil</u> ^{County}		MARYLAND		
Date of death	<u>1907</u> ^{Year}	<u>Sept</u> ^{Month}	<u>29</u> ^{Day}	Age <u>25</u> ^{Years}	<u>4</u> ^{Months}	<u>X</u> ^{Days}
Sex	<u>Male</u>	Color or Race	<u>Colored</u>	Birth-place	<u>Del.</u>	
Occupation	<u>Various</u>		Where Residing if not at place of death			<u>Elkton</u>
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband	<u>X</u>			
Father's Name	<u>John Robinson</u>			Father's Birthplace	<u>Del.</u>	
Mother's Maiden Name	<u>Clara Buck</u>			Mother's Birthplace	<u>Del.</u>	
Name of person giving information	<u>John Robinson</u>			How related to deceased	<u>Father</u>	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<u>Pulmonary Tuberculosis</u>	How long	<u>1 year</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Winifred T. Morrison</u>
		Address	<u>Elkton, Md.</u>
Accident or Suicide?			

Jones

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Elk creek</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>Sept</i>	Day <i>1</i>	Age <i>49</i>	Months <i>11</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Alice Rothwell</i>			
Father's Name <i>Philip R Rothwell</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>Alice Rothwell</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

(64)

PHYSICIAN
OR CORONER

Primary	<i>Apoplexy</i>	How long	<i>5 months</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm. C.oley</i>	
		Address <i>Elk creek Md.</i>	
Accident or Suicide?			

vinen

Name
in
Full

William F. Steele

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

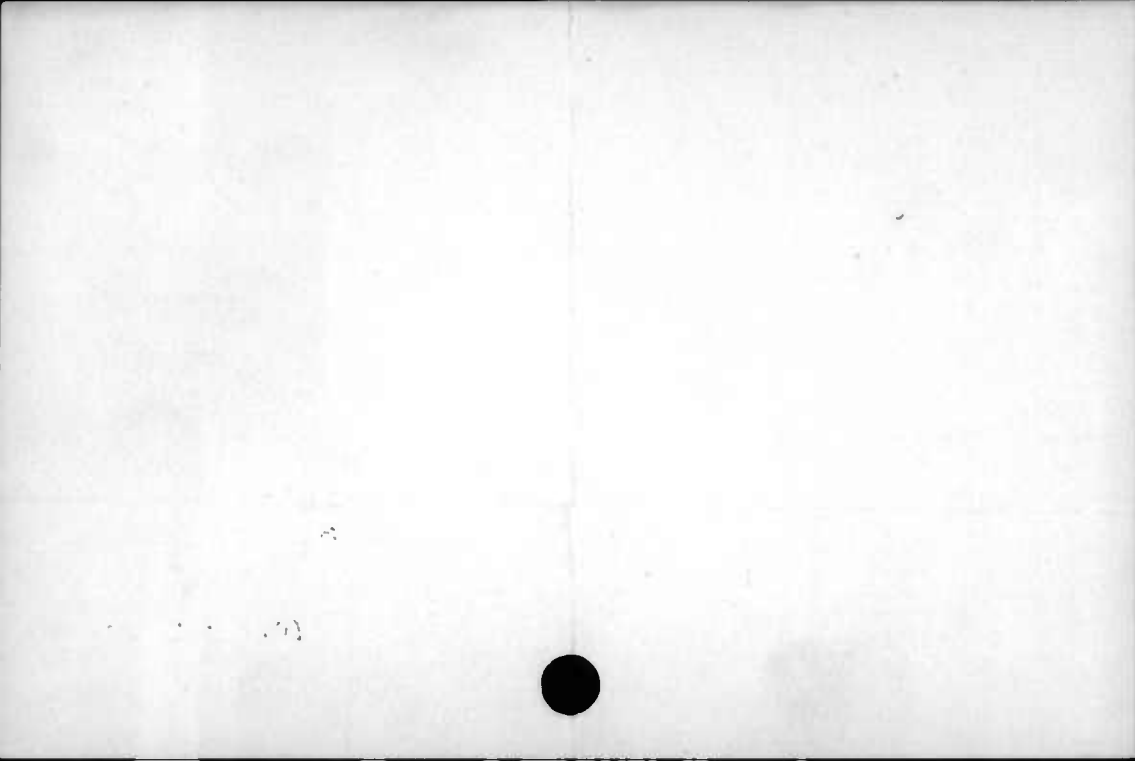
Died at <u>Rock Springs</u> ^{Town}		<u>Beck</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	<u>9</u> ^{Month}	<u>18</u> ^{Day}	<u>39</u> ^{Years}	<u>7</u> ^{Months}	<u></u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>York Co. Pa</u>		
Occupation <u>Farmer</u>		Where Residing if not at place of death <u>Rock Springs</u>			
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Mrs Mary J. Steele</u>				
Father's Name <u>James A. Steele</u>	Father's Birthplace <u>Blue Ball, Pa.</u>		Mother's Birthplace <u>Pennsylv. Co. Pa.</u>		
Mother's Maiden Name <u>Rebecca M. Reynolds</u>	Mother's Birthplace <u>Rock Springs, Pa.</u>		How related to deceased <u>Wife</u>		
Name of person giving information <u>Mrs Mary J. Steele</u>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	How long <u>2 yrs</u>
Immediate <u>Same</u>	How long <u></u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Geo. W. Gillespie</u>
<u>2</u>	Address <u>Pleasant Grove Pa</u>
<u>Accident or Suicide</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Brown dead *Port Deposit* Town

Stewart County

MARYLAND

Died at *Port Deposit* Date of death 190 *7* Month *Sept* Day *27* Age *—* Years *—* Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *Port Deposit*

Married, Single or Widowed *—* Occupation *—*

Name of Wife or Husband ~~*Howard Stewart*~~

Father's Name *Howard Stewart*

Father's Birthplace *Port Deposit*

Mother's Maiden Name *Larry Black*

Mother's Birthplace *Port Deposit*

Name of person giving information *brother*

How related to deceased *brother*

CAUSES OF DEATH

(S)

Primary *Insanias*

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *H. E. Clumson*

Address *Port Deposit*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Thomas Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

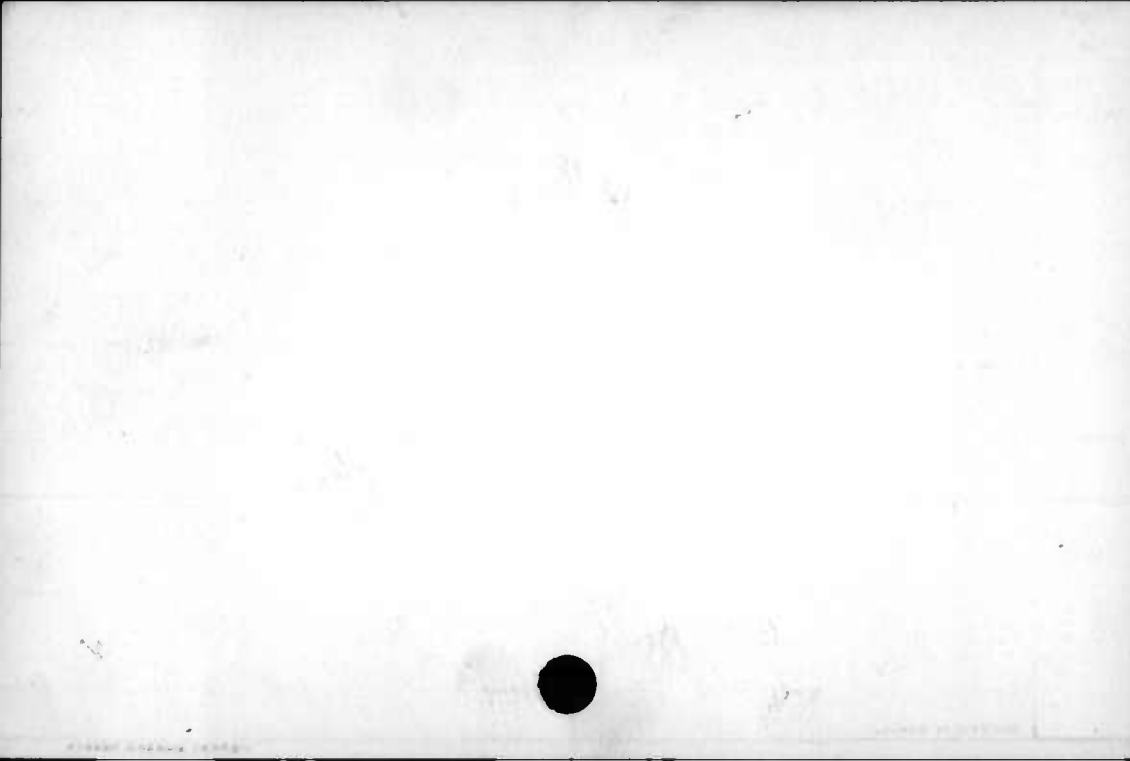
Died at <i>St. Augustine</i>		County <i>Beau</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Sept.</i>	Day <i>23</i>	Years <i>50</i>	Months	Days
Sex <i>male</i>	Color or Race <i>colored</i>		Birth-place <i>Dont Know</i>		
Occupation <i>Lam hand</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Louisa Thomas</i>			
Father's Name <i>Dont Know</i>			Father's Birthplace <i>Dont Know</i>		
Mother's Maiden Name <i>Dont Know</i>			Mother's Birthplace <i>Dont Know</i>		
Name of person giving information <i>Frank S. Clayton</i>			How related to deceased <i>brother</i>		

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary <i>Killed by portion of Lam building falling</i>	How long
Immediate <i>on him</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Ricketer Nelson</i>
	Address <i>Coroner of Civil & Explor. Md.</i>
Accident or Suicide? <i>Accident</i>	



TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Martha B. Weldon

CERTIFICATE OF DEATH

Died at Colora Town Cecil County

MARYLAND

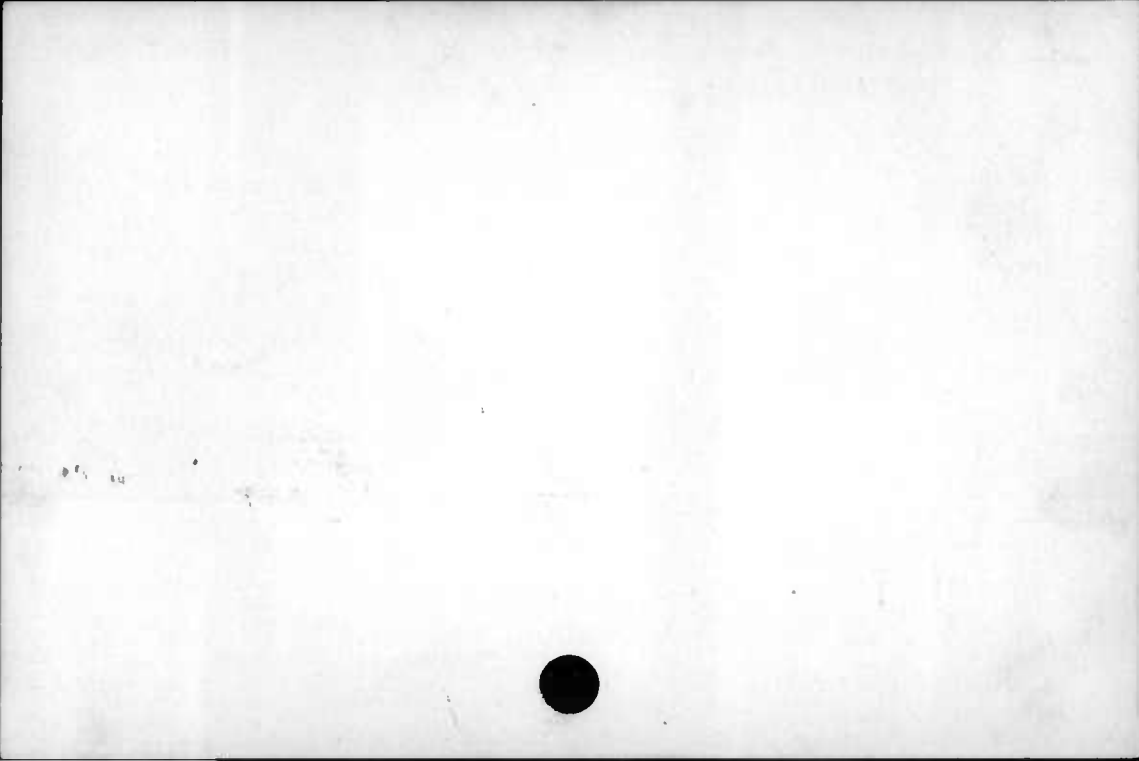
Date of death 1907 Month Sept. Day 20 Age 76 Years Months DaysSex female Color or Race White Birth-place Chester Co. Pa.Occupation housekeeper Where Residing if not at place of deathMarried, Single or Widowed Widow Name of Wife or Husband W. B. WeldonFather's Name Benjamin Speakman Father's Birthplace Chester Co. Pa.Mother's Maiden Name Amy Underwood Mother's Birthplace Chester Co. Pa.Name of person giving Information Harry B. Weldon How related to deceased adopted son

CAUSES OF DEATH

120

Primary Chronic Bright Disease How long 1 year.Immediate Exhaustion How long 10 days.Are the name, age, sex, color, date and place correctly given above? yesSignature of Physician Ernest RowlandAddress Liberty GroveMed

Accident or Suicide



Name
in
Full

Susaw S. Woodall

CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

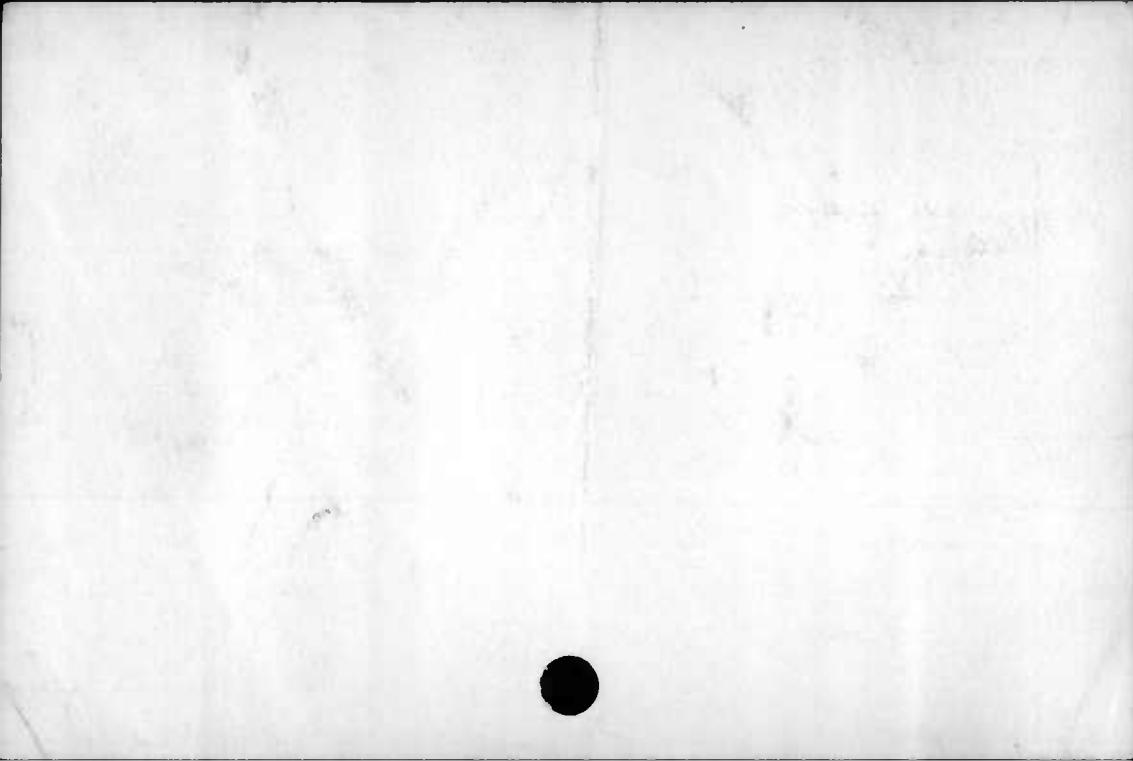
Died at <i>Fredericktown</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death 190	<i>7</i> ^{Month}	<i>9</i> ^{Day}	<i>13</i> ^{Years}	<i>3</i> ^{Months}	<i>13</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Cecil Co Md</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Halter R. Woodall</i>			Father's Birthplace <i>Cecil Co. Md.</i>		
Mother's Maiden Name <i>Susaw S. Schofield</i>			Mother's Birthplace <i>Cecil Co Md.</i>		
Name of person giving in formation <i>Addie M. Reggin</i>			How related to deceased <i>Aunt.</i>		

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>From Birth</i>
Immediate	<i>"</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. W. Crawford</i>	
		Address <i>Fredericktown</i>	
		<i>Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>North East</i> Town <i> Cecil </i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Sept</i>	Day <i>9</i>	Age <i>72</i> Years
Sex <i>female</i>	Color or Race <i>white</i>	Birthplace <i>North East</i>	Months <i>6</i> Days
Occupation <i>House Keeper</i>	Where Residing if not at place of death <i>1111</i>		
Married, Single or Widowed <i>Married</i>	Nearest Wife or Husband <i>Elisha Yeamans</i>		
Father's Name <i>Andrew Wilson</i>	Father's Birthplace <i>Not Known</i>		
Mother's Maiden Name <i>Rachel Simpers</i>	Mother's Birthplace <i>not known</i>		
Name of person giving information <i>Elisha yeamans</i>	How related to deceased <i>Husband</i>		

CAUSES OF DEATH

74

PHYSICIAN
OR CORONER

Primary <i>Nervous Prostration</i>	How long <i>2 years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>B. S. Cunningham</i>
	Address <i>N. E. ...</i>
Accident or Suicide?	

